

F. REFERRAL RECORD

(SEE INSTRUCTIONS)

1. Participant Name/I.D. No.		2. PRU No. and/or Site Name	
3. Referral Date	4. Date Authorization was Obtained	5. Reason for Referral	
6. Name/Address of Agency Receiving Referral		7. Contact Person	
		8. Telephone No. ()	
9. Referral Type (Select all that apply)			
1. <input type="checkbox"/> Substance Abuse Treatment 2. <input type="checkbox"/> Problem Gambling Treatment 3. <input type="checkbox"/> Mental Health / Developmental Disability Service 4. <input type="checkbox"/> Educational / Vocational Service 5. <input type="checkbox"/> Health Care Service 6. <input type="checkbox"/> Communicable Disease (incl. HIV and AIDS) Service 7. <input type="checkbox"/> Family Counseling Service 8. <input type="checkbox"/> Other Substance Abuse Prevention Service (outside of program only) (specify) 9. <input type="checkbox"/> Other (specify)			
10. Agency Acceptance <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?			
11. Comments:			
FOLLOW-UP	12. Date of Follow-up	13. Method	
	14. Contact Person/Title/Telephone No.		
	15. Status		
Signature of Prevention Specialist			Date

INSTRUCTIONS

Referral Record

This form is to be utilized to document all referrals for services outside the reporting program. Referrals can be made for counseling participants but in many instances occur as the result of an inquiry from a non-admitted participant or a parent, teacher, other agency staff person, etc.

When referring an individual to services outside the reporting program, a referral sheet should be filled out and maintained with other documentation regarding the individual referred (i.e. an assessment form).

Contact with other services and agencies to facilitate or follow-up on referrals must be done in conformance with existing confidentiality standards.

Item 3

Date referral was arranged.

Item 4

Date written authorization was obtained for disclosure to receiving agency; i.e., Release of Information

Item 9

Please select the referral type of service the participant was referred to. If the participant was referred to more than one service, select all that apply. This form does not need to be filled out if the participant was referred to a prevention service within the program.

Follow-up

In accordance with follow-up procedures established for the program, indicate the participant's status in relationship to the referral; i.e., no show, accepted referral, etc. All follow-up contacts must conform to existing confidentiality standards.